

Tennessee Department of Mental Health and Substance Abuse Services Office of Licensure CIVIL PENALTY NOTIFICATION

Da	/Time Director/Operator
Fac	ity/Service Name_
Ma	ing Address
Em	il Address
Αc	vil penalty will be in effect beginning on the date of this notification.
The	penalty will be (check one):
	First Violationper day
	Second Violation per day (Similar kind of violation occurring within twelve (12) months of the first violation.)
	Subsequent Violation(s) per day (Similar kind of violation occurring within twelve (12) months of the first violation.)
Ind	eate specific location(s) and licensure categories

This determination is based on
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, Licensure Surveyor